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DATERIT ADDITION FOR DEPARTMENT OF COMMERCE

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-	Substitute for Form PTO-875								Application or Docket Number		
		CLAIMS AS FILED - PART I								10/669,	889
1			(Column 1)		(Column 2)		SMAL	SMALL ENTITY		OTH SMAI	ER THAIL
	BASIC FEE		NUMBER FILED		NUMBER EXTRA		RATE	FEE			T
	TOTAL CLAIMS		<u> </u>			·		S	٦	RATE	· Ff
(3	(37 CFR 1.16(c))		minus 20 =				1,25		OR		\$
(3	DEPENDENT CI 7 CFR 1.16(b))	LAIMS	minus 3 =				x 5 100		OR	$\times 50$	
М	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5180		OR	+360	
	If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	-	, OR	+ <u>3200</u> 2	
	CLAIMS AS AMENDED — PART II							L] OR	TOTAL	
											•
	(Column 1)				(Column 2) (Column HIGHEST		SMALL	ENTITY	OR	OTHE	R THAN ENTITY
MENDMENT A		REMAIN AFTE AMENDA	R	PRE	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL].	RATE	AD01- TIONAL
	(31 CFR 1.16(c))	17	Min	us ''	20	=	x s 25 =	FEE	1	x s 50 =	FEE
	Independent (31 OFR 1.16(b))	13	Min	12	3-	=	x s 100=	<u> </u>	OR		
AA	FIRST PRESEN	STATION OF MI	ULTIPLE DEPE	NDENT CL	AIM (37 C	FR 1.16(d))	+ s 180=		OR	x s 200	
							TOTAL		OR	+ SJACL TOTAL	
	(Column 1) (Column 2) (Column 3)						. ADD'L FEE		OR	ADD'L FEE	
AMENDMENT B		CLAIM: REMAINI AFTER AMENDME	NG R	HIC NC PRE	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(cl)		Minu	s ••		= .	× s 25 =	FEE		50	FEE
	kridependent (37 CFR 1.16(b))		. Minu			=	x s 100=		OR	× 5 <u>50</u> =	
ব	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ 180=		OR	x s 200_	
									OR (TOTAL	
		(Column 1	()	 (Co	lumn 2)	(Column 3)	, .		Oit	ADD'L FEE	
뉟		CLAIMS REMAININ AFTER AMENDME	1G	HIG NU PREV	MBER MOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total (37 CFR 1,16(c))	•	Minus			= -	× 5 25 =	FEE		x s 数O =	FEE
	Indépendent (37 CFR 1.16(b))		Minus	***		=	x s 100		OR	× 5200 = 1	
ব	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))						+ \$180=		OR	+ ,360 <u>.</u>	
	• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR L	TOTAL ADD'L FEE	
						"0" in column 3. less than 20, en less than 3, ente	 nter "20", er "3".			[_	

The "Highest Number Previously Paid For" (NTHIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.